

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020900

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
1003
5290
FILED MAY 31 1962VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.Length of stay in lb
42 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Anthonys Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN St. Louis, Mo.

d. STREET ADDRESS (If outside, give location)
3659 S. GrandReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
IdaMiddle
Riebold

Last

4. DATE OF DEATH

Month Day Year
May 24, 1962

5. SEX

F.

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

May 27, 1906

9. AGE (last birthday)

55

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Maxville, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Gerhard Konert

13b. MOTHER'S MAIDEN NAME

Elizabeth Diehl

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16.

17. INFORMANT

Address

Louis Riebold Imperial, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Extensive metastatic carcinoma

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

of lungs

Primary carcinoma of thyroid

8 mos.

2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

194x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept. 61

to May 24-62

and last saw her alive on May 23-62

Death occurred at

7:30 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George A. O'Sullivan, M.D.

22b. ADDRESS

7629 Ivory Ave

22c. DATE SIGNED

5-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

May 28, 62

23c. NAME OF CEMETERY OR CREMATORY

St. Johns Cath. Cem.

23d. LOCATION (City, town, or county)

Rock Creek, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Heiligttag--Imperial, Mo.

25. DATE RECD. BY LOCAL REG.

MAY 25 1962

26. REGISTRAR'S SIGNATURE

Leah Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address

Imperial MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.